

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	18	(host or server) with (model or table or data\$base or log) with (image or configuration or representation or schema) with (target or client or remote) same (reference or pointer) same (context or map or relationship)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 17:24
L2	33	(host or server) with (model or table or data\$base or log) same (image or configuration or representation or schema) with (target or client or remote) same (reference or pointer) same (context or map or relationship)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 19:24
L3	914	billing with code and indicator	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 19:42
L4	2014	billing with code and (indicator or flag\$4 or mark\$4)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 19:42
L5	53	billing with code same (indicator or flag\$4 or mark\$4) same (chang\$4 or modifi\$5 or updat\$4)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:08
L6	21	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L7	0	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4) and health	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L8	0	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4) and medica	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04

L9	0	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4) and medical	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L10	0	billing with code same (indicator or flag\$4 or mark\$4) same (chang\$4 or modifi\$5 or updat\$4) and medica	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:08

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L3	914	billing with code and indicator	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 19:42
L4	2014	billing with code and (indicator or flag\$4 or mark\$4)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 19:42
L5	53	billing with code same (indicator or flag\$4 or mark\$4) same (chang\$4 or modifi\$5 or updat\$4)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:08
L6	21	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L7	0	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4) and health	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L8	0	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4) and medica	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L9	0	billing with code same (indicator or flag\$4 or mark\$4) with (chang\$4 or modifi\$5 or updat\$4) and medical	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:04
L10	0	billing with code same (indicator or flag\$4 or mark\$4) same (chang\$4 or modifi\$5 or updat\$4) and medica	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:08

L11	0	"705".ccls. and billing	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:26
L12	264	"705"/3.ccls. and billing	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:26
L13	3	"705"/3.ccls. and billing with code with (mark\$4 or flagg\$4 or indicat\$5)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:31
L14	10	"707"/.ccls. and billing with code with (mark\$4 or flagg\$4 or indicat\$5)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:32
L15	91	"705"/.ccls. and billing with code with (mark\$4 or flagg\$4 or indicat\$5)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 20:33
L16	90	"705"/.ccls. and billing with code with (mark\$4 or flagg\$4 or indicat\$5) and (chang\$4 or updat\$4 or modifi\$4 or new)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 21:10
L17	11	"705"/.ccls. and billing with code with (mark\$4 or flagg\$4 or indicat\$5) with (chang\$4 or updat\$4 or modifi\$4 or new)	US-PGPUB; USPAT; USOCR; EPO; JPO; DERWENT; IBM_TDB	OR	ON	2005/05/14 21:12

Set	Items	Description
S1	38273	DRG OR DIAGNOSIS()RELATED()GROUP? OR (REIMBURSEMENT OR MEDICAL OR BILLING OR INSURANCE) (N) (CODES OR CODING) OR NDC OR HCPCJ OR HIPAA OR CPT OR NCPCS OR ICD OR PROCEDURAL()TERMINOLOGY() (CODES OR CODING)
S2	715957	FLAG OR FLAGS OR TAG OR TAGS OR ALERT? OR WARN? OR ADVISE? OR HIGHLIGHT? OR INDICATOR?
S3	1577	S1(3N) (CHANGE? OR CHANGING OR REVIS? OR UPDAT? OR UP() (DATE? OR DATING) OR MODIFIED OR EVOLVED OR VERSION? OR REWRIT?)
S4	1085258	WIRELESS OR HANDHELD OR PALMTOP? OR CELLULAR? OR MOBILE? OR PDA OR PERSONAL()DIGITAL()ASSISTANT OR PALMTOP OR HAND()HELD
S5	1334	S1 AND S2
S6	1086821	S3 OR S4
S7	118983	(MEDICAL? OR PATIENT? OR OUTPATIENT? OR PERSONAL?) (3N) (FILE? OR RECORD? OR BILLING? OR CODING?)
S8	113	S5 AND (DATABASE? OR DATABANK? OR DATA() (BASE? OR BANK?) OR OODB OR DBMS OR DB OR RDB)
S9	26	S1 AND S7 AND S8
S10	8	S9 NOT PY>1998
S11	9	S7 AND S3 AND S2
S12	17	S10 OR S11
S13	15	RD (unique items)
File	8: Ei	Compendex(R) 1970-2005/May W1 (c) 2005 Elsevier Eng. Info. Inc.
File	35: Dissertation	Abs Online 1861-2005/Apr (c) 2005 ProQuest Info&Learning
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File	2: INSPEC	1969-2005/Apr W4 (c) 2005 Institution of Electrical Engineers
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File	144: Pascal	1973-2005/May W1 (c) 2005 INIST/CNRS
File	99: Wilson	Appl. Sci & Tech Abs 1983-2005/Apr (c) 2005 The HW Wilson Co.
File	154: MEDLINE	(R) 1990-2005/May W2 (c) format only 2005 The Dialog Corp.
File	162: Global	Health 1983-2005/Mar (c) 2005 CAB International
File	169: Insurance	Periodicals 1984-1999/Nov 15 (c) 1999 NILS Publishing Co

13/5/1 (Item 1 from file: 2)
DIALOG(R)File 2:INSPEC
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6047716 INSPEC Abstract Number: C9811-7140-102

Title: Medico-economical use of the medical record or the bridge between minimal and detailed data

Author(s): Borst, F.; Lovis, Ch.; Thurler, G.; Maricot, P.; Scherrer, J.-R.

Author Affiliation: Div. d'Inf. Med., Hopital Cantonal Univ., Geneva, Switzerland

Conference Title: Medical Informatics Europe '97 Part vol.1 p.451-4 vol.1

Editor(s): Pappas, C.; Maglaveras, N.; Scherrer, J.-R.

Publisher: IOS Press, Amsterdam, Netherlands

Publication Date: 1997 Country of Publication: Netherlands 2 vol. xvi+929 pp.

ISBN: 90 5199 343 9 Material Identity Number: XX98-02572

Conference Title: Medical Informatics Europe '97

Conference Date: 1997 Conference Location: Thessaloniki, Greece

Language: English Document Type: Conference Paper (PA)

Treatment: Practical (P)

Abstract: The title encloses two different notions which represent two different trends within medical informatics. The first trend is concerned with weighting aspects of health resources consumption, mainly in hospital acute care; their key-words are " **DRG** (diagnostic related groups), case-mix, reimbursement by pathology, measurement of **indicators** (severity or outcome), costs". The other trend is looking for deeper understanding of the medical process and for better diffusion of relevant information helping the day-to-day care process; they speak of "CPR (computerized **patient record**), full text reports and corresponding retrieval, detailed data, **medical records** on the Internet, and access to literature and **databases** ". It is mandatory to realize a bridge between these two trends for facing the information technology revolution in medicine. The purpose of the paper is to consider this bridge by showing what **DRGs** expect from the CPR and what the latter should receive from the former. (12 Refs)

Subfile: C

Descriptors: information dissemination; information needs; information use; Internet; medical computing; medical information systems; records management

Identifiers: medico-economical **medical record** use; minimal data; detailed data; medical informatics; health resource consumption; hospital acute care; information diffusion; computerized **patient record** ; full text reports; retrieval; Internet; literature access; **database** access

Class Codes: C7140 (Medical administration); C7330 (Biology and medical computing); C7220 (Generation, dissemination, and use of information); C7210 (Information services and centres)

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13/5/2 (Item 2 from file: 2)
DIALOG(R) File 2:INSPEC
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03327353 INSPEC Abstract Number: C89021621

Title: Diagnosis - related - groups in a hospital intensive care unit: a better estimation of costs by inclusion of severity

Author(s): Huet, B.; Pourriat, J.L.; Rodrigues, J.M.

Author Affiliation: Dept. Biostatist. et Inf. Med., Paris XIII Univ., Bobigny, France

Conference Title: EFMI - European Federation for Medical Informatics Medical Informatics Europe '87. Proceedings of the Seventh International Congress p.454-8 vol.1

Editor(s): Serio, A.; O'Moore, R.; Tardini, A.; Roger, F.H.

Publisher: Edizione Luigi Pozzi, Rome, Italy

Publication Date: 1987 **Country of Publication:** Italy 3 vol. lxxix+1644 pp.

ISBN: 88 7025 083 0

Conference Date: 21-25 Sept. 1987 **Conference Location:** Rome, Italy

Language: English **Document Type:** Conference Paper (PA)

Treatment: Practical (P)

Abstract: The microcomputerization of an intensive care unit (ICU) situated in a university hospital was begun in 1981, with the aim of supplying real-time abstracting of the **medical record** and an evaluation of the ICU activity; a **data bank** was progressively constituted with these abstract **medical records**. In a first phase the authors processed this **data bank** and **highlighted** 94 groups based on the ICD -9-CM classification. However various arguments (high risk population, direct costs, Horn's research, . . .) led to a problem: Does the ICD -9-CM classification really inform on costs in ICU? The authors studied a simplified patient severity index, derived from Knaus's Apache, and included it in the larger groups (size higher than 50). In 24 out of 26 groups there is a correlation between the severity index and the length of stay (14 negative correlation, 8 positive correlation). In conclusion, it seems necessary to include this index to obtain a sharper classification, to reduce certain perverse effects induced by the ICD -9-CM classification in ICU. (12 Refs)

Subfile: C

Descriptors: abstracting; administrative data processing; classification; microcomputer applications

Identifiers: medical ADP; hospital intensive care unit; university hospital; **medical record**; ICD -9-CM; patient severity index; classification

Class Codes: C7140 (Medical administration); C7240 (Information analysis and indexing)

13/5/12 (Item 9 from file: 154)
DIALOG(R) File 154:MEDLINE(R)
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10702438 PMID: 10136257

Comparative hospital databases : value for management and quality.

Cleary R; Beard R; Coles J; Devlin B; Hopkins A; Schumacher D; Wickings I
CASPE Research, London.

Quality in health care - QHC (ENGLAND) Mar 1994, 3 (1) p3-10, ISSN
0963-8172 Journal Code: 9209948

Publishing Model Print

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: Health Administration

OBJECTIVES--To establish an accurate and reliable comparative **database** of discharge abstracts and to appraise its value for assessments of quality of care. **DESIGN**--Retrospective review of case notes by trained research abstractors and comparison with matched information as routinely collected by the hospitals' own information systems. **SETTING**--Three district general hospitals and two major London teaching hospitals. **PATIENTS**--The **database** included 3905 medical and surgical cases and 2082 obstetric cases from 1990 and 1991. **MAIN MEASURES**--Accessibility of case notes; measures of reliability between reviewers and of validity of case note content; application of high level quality **indicators**. **RESULTS**--The existing hospital systems extracted insufficient detail from case notes to conduct clinical comparative analyses for medical and surgical cases. The research abstractors at least doubled the diagnostic codes extracted. Interabstractor agreement of about 70% was obtained for primary diagnosis and assignment to **diagnosis related group**. These data were sufficient to create a comparative **database** and apply high level quality **indicators** designed to **flag** topics for further study. For obstetric-specific **indicators** the rates were comparable for abstractors and the hospital information systems, which in each case was a departmentally based system (SMMIS) producing more detailed and accessible data. **CONCLUSIONS**--Current methods of extracting and coding diagnostic and procedural data from case notes in this sample of hospitals is unsatisfactory: notes were difficult to access and recording is unacceptably incomplete. **IMPLICATIONS**--Improvements as piloted in this project, are readily available should the NHS, hospital managers, and clinicians see the value of these data in their clinical and managerial activities. (29 Refs.)

Descriptors: *Hospital Information Systems--standards--ST; * **Medical Records** --standards--ST; * **Patient Discharge**; *Quality Assurance, Health Care--organization and administration--OG; Data Collection--standards--ST; **Databases** , Factual; Documentation--standards--ST; Great Britain; Health Services Research; Hospital Information Systems--statistics and numerical data--SN; Information Storage and Retrieval--standards--ST; Information Storage and Retrieval--statistics and numerical data--SN; **Medical Records** --classification--CL; State Medicine --organization and administration--OG; State Medicine--standards--ST; United States

Record Date Created: 19941019

Record Date Completed: 19941019

Set	Items	Description
S1	1208	DRG OR DIAGNOSIS()RELATED()GROUP? OR (REIMBURSEMENT OR MEDICAL OR BILLING OR INSURANCE) (N) (CODES OR CODING) OR NDC OR HCPCJ OR HIPAA OR CPT OR NCPCS OR ICD OR PROCEDURAL()TERMINOLOGY() (CODES OR CODING)
S2	305528	FLAG OR FLAGS OR TAG OR TAGS OR ALERT? OR WARN? OR ADVISE? OR HIGHLIGHT? OR INDICATOR?
S3	10	S1(3N) (CHANGE? OR CHANGING OR REVIS? OR UPDAT? OR UP() (DATE? OR DATING) OR MODIFIED OR EVOLVED OR VERSION? OR REWRIT?)
S4	401731	WIRELESS OR HANDHELD OR PALMTOP? OR CELLULAR? OR MOBILE? OR PDA OR PERSONAL()DIGITAL()ASSISTANT OR PALMTOP OR HAND()HELD
S5	208	S1 AND (ELECTRONIC? OR DIGITAL? OR ONLINE OR ON()LINE? OR NETWORK? OR COMPUTERI? OR AUTOMATE? OR VIRTUAL?)
S6	2	S5 AND S2
S7	18	S5 AND (DATABASE? OR DATABANK? OR DATA() (BASE? OR BANK?) OR DB OR OODB OR DBMS OR RDB)
S8	6707	(MEDICAL? OR PATIENT? OR SUBJECT?) (2N) (FILE? OR RECORD? OR BILLING? OR CODING?)
S9	19	S8 AND S1
S10	32	S7 OR S9
S11	25	S10 AND IC=G06F
S12	0	S10 AND IC=H04L
S13	12	S11 NOT AD=19980720:20010720
S14	3	S13 NOT AD=20010720:20040720
S15	3	S14 NOT AD=20040720:20050601

? show files

File 347:JAPIO Nov 1976-2005/Jan(Updated 050506)
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File 350:Derwent WPIX 1963-2005/UD,UM &UP=200529
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15/5/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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010580189 **Image available**
WPI Acc No: 1996-077142/199608
XRPX Acc No: N96-064198

Computing method for current procedure terminology codes from documentation generated by medical professional - prompting physician with lists of choices corresp to patient's medical status from which physician makes selections for input into computer which determines intermediate codes from physician's selections

Patent Assignee: PROMT MEDICAL SYSTEMS (PROM-N)
Inventor: MAGUIRE N J; MEIER J H; MILSTEIN B A
Number of Countries: 001 Number of Patents: 001
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5483443	A	19960109	US 94226002	A	19940408	199608 B

Priority Applications (No Type Date): US 94226002 A 19940408

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 5483443	A		22	G06F-159/00	

Abstract (Basic): US 5483443 A

The process for generation of Current Procedural Terminology (''CPT '') codes involves storing historical data in a memory, comparing the historical data to a set of historical criteria to define a history code, and storing an examination data in a memory. The examination data is compared to a set of examination criteria to define an examination code, and medical decision making data is stored in a memory.

The medical decision making data is compared to a set of medical decision making criteria to define a medical decision making code. The historical code, the examination code, and the medical decision making code are compared to a set of final criteria to define a final CPT code, and displayed.

USE/ADVANTAGE - Calculating codes from **medical record** documentation to improve consistency and quality of medical care. Allows derived codes e.g E/M codes to be measured objectively.

Dwg.7/8

Title Terms: COMPUTATION; METHOD; CURRENT; PROCEDURE; CODE; DOCUMENT; GENERATE; MEDICAL; PROFESSIONAL; PROMPT; LIST; CHOICE; CORRESPOND; PATIENT; MEDICAL; STATUS; SELECT; INPUT; COMPUTER; DETERMINE; INTERMEDIATE; CODE; SELECT

Derwent Class: S05; T01

International Patent Class (Main): G06F-159/00

File Segment: EPI

15/5/2 (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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009941217 **Image available**
WPI Acc No: 1994-208929/199425
XRPX Acc No: N94-164393

Correlating medical procedures and medical billing codes - determining raw codes directly associated with all medical procedures performed or planned with particular patient examination, and manipulating raw codes to generate intermediate codes without altering raw codes

Patent Assignee: DORNE H L (DORN-I)

Inventor: DORNE H L

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5325293	A	19940628	US 92838493	A	19920218	199425 B

Priority Applications (No Type Date): US 92838493 A 19920218

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
US 5325293	A	55	G06F-015/21	

Abstract (Basic): US 5325293 A

The method involves providing a category of medical procedures. A collection of raw codes are provided, each raw code corresp. to a medical procedure of the category of medical procedures. A set of medical procedures are selected from the category of medical procedures. A set of raw codes associated with the set of selected medical procedures are generated by recalling specific raw codes from the collection which correspond to the set of selected medical procedures.

The set of raw codes are analysed to compute a set of intermediate codes, the intermediate codes representing the interrelation of the set of selected medical procedures. A set of the official **billing codes** are generated from the set of intermediate codes by providing a collection of official **billing codes** corresp. to a collection of intermediate codes. Specific official **billing codes** associated with the set of intermediate codes are recalled.

ADVANTAGE - Rapidly and simply correlates **CPT** codes with medical procedures performed during patient examination without requiring thorough understanding of nomenclature used by **CPT** coding system.

Dwg.1/10

Title Terms: CORRELATE; MEDICAL; PROCEDURE; MEDICAL; BILL; CODE; DETERMINE; RAW; CODE; ASSOCIATE; MEDICAL; PROCEDURE; PERFORMANCE; PLAN; PATIENT; EXAMINATION; MANIPULATE; RAW; CODE; GENERATE; INTERMEDIATE; CODE; ALTER; RAW; CODE

Derwent Class: S05; T01

International Patent Class (Main): **G06F-015/21**

File Segment: EPI

15/5/3 (Item 3 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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007215977

WPI Acc No: 1987-212986/198730

XRPX Acc No: N87-159249

Medical reimbursement computer system for health care providers - identifies most appropriate diagnosis related groups prescribed by health authority for paying e.g hospital staff

Patent Assignee: IAMETER INC (IAME-N)

Inventor: FARLEY P J; KAHN T E; MOHLENBROC W C; TRUMMELL D E

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 4667292	A	19870519	US 84580799	A	19840216	198730 B

Priority Applications (No Type Date): US 84580799 A 19840216

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
US 4667292	A	34		

Abstract (Basic): US 4667292 A

The computer system responds to an initial determination of a category, upon admission of a patient, to list for medical personnel involved in giving care to the patient, such as the attending physician, a few other medically related categories for consideration

as diagnosis and treatment proceeds. Only those related categories that can apply to a particular patient are listed for that patient, reducing the time necessary for the physician to review and designate any new category that may be more accurate than the first.

A brief review by the physician each day, with a new listing provided by the computer system for the following day's review if the physician designates any change, gives an accurate determination of the most appropriate billing category by the time services to the patient have been completed, such as when a patient leaves a hospital.

1/5

Title Terms: MEDICAL; COMPUTER; SYSTEM; HEALTH; CARE; IDENTIFY; APPROPRIATE ; DIAGNOSE; RELATED; GROUP; PRESCRIBED; HEALTH; AUTHORISE; PAY; HOSPITAL; STAFF

Derwent Class: S05; T01

International Patent Class (Additional): G06F-001/00 ; G06F-015/42 ; G07G-007/48; G07G-015/20

File Segment: EPI

Set	Items	Description
S1	1208	DRG OR DIAGNOSIS()RELATED()GROUP? OR (REIMBURSEMENT OR MEDICAL OR BILLING OR INSURANCE) (N) (CODES OR CODING) OR NDC OR H-CPCJ OR HIPAA OR CPT OR NCPCS OR ICD OR PROCEDURAL()TERMINOLOGY() (CODES OR CODING)
S2	305528	FLAG OR FLAGS OR TAG OR TAGS OR ALERT? OR WARN? OR ADVISE? OR HIGHLIGHT? OR INDICATOR?
S3	10	S1(3N) (CHANGE? OR CHANGING OR REVIS? OR UPDAT? OR UP() (DATE? OR DATING) OR MODIFIED OR EVOLVED OR VERSION? OR REWRIT?)
S4	401731	WIRELESS OR HANDHELD OR PALMTOP? OR CELLULAR? OR MOBILE? OR PDA OR PERSONAL()DIGITAL()ASSISTANT OR PALMTOP OR HAND()HELD
S5	39	S1 AND S2
S6	401738	S3 OR S4
S7	9	S5 AND S6
S8	48	S3 OR S5 OR S7
S9	604603	INSURANCE? OR FILES OR FILE OR RECORD? ? OR BILLING? OR INDEXING OR CODING OR CATEGOR?
S10	84	S1 AND S9
S11	5	S10 AND S2
S12	1	S3 AND S9
S13	5	S11 OR S12
S14	40	S10 AND IC=G06F
S15	32	S14 NOT AD=19980720:20000720
S16	10	S15 NOT AD=20000720:20030720
S17	9	S16 NOT AD=20030720:20050520

File 347:JAPIO Nov 1976-2005/Jan(Updated 050506)
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File 350:Derwent WPIX 1963-2005/UD,UM &UP=200529
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DIALOG(R)File 347:JAPIO
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01711075 **Image available**
DATA STORAGE SYSTEM OF MEDICAL **INSURANCE** CHARGING COMPUTER

PUB. NO.: 60-189575 [JP 60189575 A]
PUBLISHED: September 27, 1985 (19850927)
INVENTOR(s): FUJISHIGE NOBUYUKI
APPLICANT(s): SANYO ELECTRIC CO LTD [000188] (A Japanese Company or Corporation), JP (Japan)
TOKYO SANYO ELECTRIC CO LTD [323368] (A Japanese Company or Corporation), JP (Japan)
APPL. NO.: 59-046008 [JP 8446008]
FILED: March 09, 1984 (19840309)
INTL CLASS: [4] **G06F-015/20 ; G06F-015/42**
JAPIO CLASS: 45.4 (INFORMATION PROCESSING -- Computer Applications); 28.2 (SANITATION -- Medical)
JOURNAL: Section: P, Section No. 430, Vol. 10, No. 45, Pg. 48, February 21, 1986 (19860221)

ABSTRACT

PURPOSE: To meet easily different formats of a receipt at the time of generating a receipt by dividing a series of data combining plural **medical codes** into arbitrary sections.

CONSTITUTION: When various data are keyed in through a keyboard 7, the side of a computer 11 receives the input data and calculates the total score. Then it displays the input content on a cathode-ray tube 9. Simultaneously patient data are stored in the 3rd memory 5, and one operation of one patient is terminated. On the other hand, when said input data are not terminated, a medical code reading part 4 discriminates the presence of a partition code, and when there is a partition code, a score calculating part 3 calculates scores. The information serving as a base of calculation is transmitted to the score calculating part 3 by the instructions of a patient data processing part 6. After the calculating part 3 calculates scores, it transmits the score information to the data processing part 6, which transmits said patient data to an output processing part 10. Said data are displayed on the cathode-ray tube 9, and a partition number and scores stored in the 3rd memory 5 are displayed in the same manner

17/5/5 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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013939805 **Image available**
WPI Acc No: 2001-424019/200145
Related WPI Acc No: 1998-272465
XRPX Acc No: N01-314457

Medical information log system providing method for use in computer system, involves converting residency review committee code into current procedural terminology code by override code

Patent Assignee: SOFTWARE FOR SURGEONS (SOFT-N)

Inventor: DIRBAS F M

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 6182047	B1	20010130	US 95458905	A	19950602	200145 B

Priority Applications (No Type Date): US 95458905 A 19950602

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
US 6182047	B1	24	G06F-159/00	

Abstract (Basic): US 6182047 B1

NOVELTY - Data with multiple log entries are input and placed in organized database in compiler system. Input data is tracked. Output data with information identifying doctor and set of classification codes from selected portion of input data, is presented on demand. Classification codes include residency review committee (RRC) code which is converted to current procedural terminology (CPT) code by override code.

DETAILED DESCRIPTION - The log entries of the input data are associated with medical procedure, information identifying doctor and set of classification codes which define type of medical procedure. The log entries include override code for converting RRC code into CPT code. The override code replaces default RRC-to- CPT mapping.

USE - In medical information log system e.g. surgical operative log system.

ADVANTAGE - Provides full department or individual use. Provides single package which functions across multiple specialities. Is modified to accommodate additional speciality, thus the system holds extremely large number of operation records and reports reliable to operation records are quickly generated.

DESCRIPTION OF DRAWING(S) - The figure shows the process flowchart of various functions provided in medical information log system.

pp; 24 DwgNo 3/14

Title Terms: MEDICAL; INFORMATION; LOG; SYSTEM; METHOD; COMPUTER; SYSTEM; CONVERT; REVIEW; CODE; CURRENT; PROCEDURE; CODE; OVERRIDE; CODE

Derwent Class: S05; T01

International Patent Class (Main): G06F-159/00

File Segment: EPI

17/5/6 (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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010580189 **Image available**
WPI Acc No: 1996-077142/199608
XRPX Acc No: N96-064198

Computing method for current procedure terminology codes from
documentation generated by medical professional - prompting physician
with lists of choices corresp to patient's medical status from which
physician makes selections for input into computer which determines
intermediate codes from physician's selections

Patent Assignee: PROMT MEDICAL SYSTEMS (PROM-N)
Inventor: MAGUIRE N J; MEIER J H; MILSTEIN B A
Number of Countries: 001 Number of Patents: 001
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5483443	A	19960109	US 94226002	A	19940408	199608 B

Priority Applications (No Type Date): US 94226002 A 19940408

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 5483443	A		22	G06F-159/00	

Abstract (Basic): US 5483443 A

The process for generation of Current Procedural Terminology (''
CPT '') codes involves storing historical data in a memory,
comparing the historical data to a set of historical criteria to
define a history code, and storing an examination data in a memory. The
examination data is compared to a set of examination criteria to define
an examination code, and medical decision making data is stored in a
memory.

The medical decision making data is compared to a set of medical
decision making criteria to define a medical decision making code. The
historical code, the examination code, and the medical decision making
code are compared to a set of final criteria to define a final CPT
code, and displayed.

USE/ADVANTAGE - Calculating codes from medical record
documentation to improve consistency and quality of medical care.
Allows derived codes e.g E/M codes to be measured objectively.

Dwg. 7/8

Title Terms: COMPUTATION; METHOD; CURRENT; PROCEDURE; CODE; DOCUMENT;
GENERATE; MEDICAL; PROFESSIONAL; PROMPT; LIST; CHOICE; CORRESPOND;
PATIENT; MEDICAL; STATUS; SELECT; INPUT; COMPUTER; DETERMINE;
INTERMEDIATE; CODE; SELECT

Derwent Class: S05; T01

International Patent Class (Main): G06F-159/00

File Segment: EPI

17/5/7 (Item 3 from file: 350)
DIALOG(R) File 350:Derwent WPIX
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009941217 **Image available**
WPI Acc No: 1994-208929/199425
XRPX Acc No: N94-164393

**Correlating medical procedures and medical billing codes -
determining raw codes directly associated with all medical procedures
performed or planned with particular patient examination, and
manipulating raw codes to generate intermediate codes without altering
raw codes**

Patent Assignee: DORNE H L (DORN-I)

Inventor: DORNE H L

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5325293	A	19940628	US 92838493	A	19920218	199425 B

Priority Applications (No Type Date): US 92838493 A 19920218

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 5325293	A		55	G06F-015/21	

Abstract (Basic): US 5325293 A

The method involves providing a **category** of medical procedures. A collection of raw codes are provided, each raw code corresp. to a medical procedure of the **category** of medical procedures. A set of medical procedures are selected from the **category** of medical procedures. A set of raw codes associated with the set of selected medical procedures are generated by recalling specific raw codes from the collection which correspond to the set of selected medical procedures.

The set of raw codes are analysed to compute a set of intermediate codes, the intermediate codes representing the interrelation of the set of selected medical procedures. A set of the official **billing codes** are generated from the set of intermediate codes by providing a collection of official **billing codes** corresp. to a collection of intermediate codes. Specific official **billing codes** associated with the set of intermediate codes are recalled.

ADVANTAGE - Rapidly and simply correlates **CPT** codes with medical procedures performed during patient examination without requiring thorough understanding of nomenclature used by **CPT coding** system.

Dwg.1/10

Title Terms: CORRELATE; MEDICAL; PROCEDURE; MEDICAL; BILL; CODE; DETERMINE;
RAW; CODE; ASSOCIATE; MEDICAL; PROCEDURE; PERFORMANCE; PLAN; PATIENT;
EXAMINATION; MANIPULATE; RAW; CODE; GENERATE; INTERMEDIATE; CODE; ALTER;
RAW; CODE

Derwent Class: S05; T01

International Patent Class (Main): **G06F-015/21**

File Segment: EPI

17/5/9 (Item 5 from file: 350)
DIALOG(R) File 350:Derwent WPIX
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007215977

WPI Acc No: 1987-212986/198730

XRPX Acc No: N87-159249

Medical reimbursement computer system for health care providers -
identifies most appropriate diagnosis related groups prescribed by
health authority for paying e.g hospital staff

Patent Assignee: IAMETER INC (IAME-N)

Inventor: FARLEY P J; KAHN T E; MOHLENBROC W C; TRUMMELL D E

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 4667292	A	19870519	US 84580799	A	19840216	198730 B

Priority Applications (No Type Date): US 84580799 A 19840216

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 4667292	A		34		

Abstract (Basic): US 4667292 A

The computer system responds to an initial determination of a **category** , upon admission of a patient, to list for medical personnel involved in giving care to the patient, such as the attending physician, a few other medically related **categories** for consideration as diagnosis and treatment proceeds. Only those related **categories** that can apply to a particular patient are listed for that patient, reducing the time necessary for the physician to review and designate any new **category** that may be more accurate than the first.

A brief review by the physician each day, with a new listing provided by the computer system for the following day's review if the physician designates any change, gives an accurate determination of the most appropriate **billing category** by the time services to the patient have been completed, such as when a patient leaves a hospital.

1/5

Title Terms: MEDICAL; COMPUTER; SYSTEM; HEALTH; CARE; IDENTIFY; APPROPRIATE
; DIAGNOSE; RELATED; GROUP; PRESCRIBED; HEALTH; AUTHORISE; PAY; HOSPITAL;
STAFF

Derwent Class: S05; T01

International Patent Class (Additional): G06F-001/00 ; G06F-015/42 ;
G07G-007/48; G07G-015/20

File Segment: EPI

10/5/48 (Item 48 from file: 347)
DIALOG(R) File 347:JAPIO
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00912147 **Image available**
CONTROL SYSTEM FOR EXECUTION OF PROGRAM

PUB. NO.: 57-062447 [JP 57062447 A]
PUBLISHED: April 15, 1982 (19820415)
INVENTOR(s): SEKI TAKEO
HAYASHIDA TAKESHI
APPLICANT(s): FUJITSU LTD [000522] (A Japanese Company or Corporation), JP
(Japan)
APPL. NO.: 55-136858 [JP 80136858]
FILED: October 01, 1980 (19801001)
INTL CLASS: [3] G06F-011/22; G06F-009/06
JAPIO CLASS: 45.1 (INFORMATION PROCESSING -- Arithmetic Sequence Units)
JOURNAL: Section: P, Section No. 131, Vol. 06, No. 141, Pg. 67, July
30, 1982 (19820730)

ABSTRACT

PURPOSE: To facilitate the control and application of files by making a **flag** comparison by a program containing a common block, having no relation to change in version, and version-number, dependent blocks having additional **flags** indicating machine version numbers, all in the same file.

CONSTITUTION: Each test program TSB is given a block code BCD and a version number code HSC and when testing data TSD is modified because of the modeling of a machine, etc., the version-number code HSC is also changed. The version-number code (A,B) of each testing program is inputted to a data **version** -number register **DRG**, and collated with the value (a,b) of an execution version-number register PRG by an execution possible/impossible control logical circuit PLG. When the both are coincident with each other or when a common block having no relation to a machine version number is discriminated (A=B=0), the execution GP of the testing block is performed and in another case, a skip SK to the next block is made.

Set	Items	Description
S1	116406	DRG OR DIAGNOSIS()RELATED()GROUP? OR (REIMBURSEMENT OR MEDICAL OR BILLING OR INSURANCE) (N) (CODES OR CODING) OR NDC OR HCPCJ OR HIPAA OR CPT OR NCPCS OR ICD OR PROCEDURAL()TERMINOLOGY() (CODES OR CODING)
S2	7055227	FLAG OR FLAGS OR TAG OR TAGS OR ALERT? OR WARN? OR ADVISE? OR HIGHLIGHT? OR INDICATOR?
S3	5673	S1(3N) (CHANGE? OR CHANGING OR REVIS? OR UPDAT? OR UP() (DATE? OR DATING) OR MODIFIED OR EVOLVED OR VERSION? OR REWRIT?)
S4	3767347	WIRELESS OR HANDHELD OR PALMTOP? OR CELLULAR? OR MOBILE? OR PDA OR PERSONAL()DIGITAL()ASSISTANT OR PALMTOP OR HAND()HELD
S5	995	S1 (5N) S2
S6	3772627	S3 OR S4
S7	36	S5 (10N) S6
S8	6	S2 (10N) S3 (10N) S4
S9	4	S7 (S) (RECORD? OR FILE? OR INSURANC? OR BILLING? OR INDEX? OR CODING OR CATEGOR? OR ASSURANC? OR HMO OR PPO)
S10	33	S2 (8N) S3
S11	11	S10 (S) (RECORD? OR FILE? OR INSURANC? OR DATABASE? OR DB - OR DATABANK? OR DATA()BASE? OR INDEX? OR BILLING? OR CODING OR CATEGOR? OR ASSURANC? OR HMO OR PPO)
S12	17	S11 OR S9 OR S8
S13	2	S12 NOT PY=1998:2005
S14	2	RD (unique items)
S15	262	S1(S)S2(S) (S3 OR S4)
S16	124	S15(S) (RECORD? OR FILE? OR INSUR? OR BILLING? OR INDEX? OR CODING? OR CATALOG? OR HMO OR PPO)
S17	19	S15(S) (DATABASE? OR DATABANK? OR DATA() (BASE? OR BANK?) OR DB OR OODB OR DBMS OR RDB?)
S18	166	S16 OR S17 OR S7:S11
S19	109	RD (unique items)
S20	22	S19 NOT PY=1998:2005
S21	22	S20 NOT PD=19980720:20010720
File	275:	Gale Group Computer DB(TM) 1983-2005/May 09 (c) 2005 The Gale Group
File	47:	Gale Group Magazine DB(TM) 1959-2005/May 09 (c) 2005 The Gale group
File	75:	TGG Management Contents(R) 86-2005/May W1 (c) 2005 The Gale Group
File	636:	Gale Group Newsletter DB(TM) 1987-2005/May 09 (c) 2005 The Gale Group
File	16:	Gale Group PROMT(R) 1990-2005/May 06 (c) 2005 The Gale Group
File	624:	McGraw-Hill Publications 1985-2005/May 09 (c) 2005 McGraw-Hill Co. Inc
File	484:	Periodical Abs Plustext 1986-2005/May W1 (c) 2005 ProQuest
File	613:	PR Newswire 1999-2005/May 09 (c) 2005 PR Newswire Association Inc
File	813:	PR Newswire 1987-1999/Apr 30 (c) 1999 PR Newswire Association Inc
File	141:	Readers Guide 1983-2005/Dec (c) 2005 The HW Wilson Co
File	696:	DIALOG Telecom. Newsletters 1995-2005/May 06 (c) 2005 The Dialog Corp.
File	553:	Wilson Bus. Abs. FullText 1982-2004/Dec (c) 2005 The HW Wilson Co
File	621:	Gale Group New Prod. Annou. (R) 1985-2005/May 09 (c) 2005 The Gale Group
File	674:	Computer News Fulltext 1989-2005/May W1 (c) 2005 IDG Communications
File	88:	Gale Group Business A.R.T.S. 1976-2005/May 06 (c) 2005 The Gale Group
File	160:	Gale Group PROMT(R) 1972-1989

21/3,K/1 (Item 1 from file: 636)
DIALOG(R)File 636:Gale Group Newsletter DB(TM)
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03769937 Supplier Number: 48161405 (USE FORMAT 7 FOR FULLTEXT)

APGs Are a Management Tool as Well as Payment Methodology

Physician Manager, v8, n23, pN/A

Dec 5, 1997

Language: English Record Type: Fulltext

Document Type: Newsletter; Trade

Word Count: 971

(USE FORMAT 7 FOR FULLTEXT)

TEXT:

...mandate, such as state Medicaid programs, have implemented APGs. However, hospitals will make the necessary changes to **coding**, **billing** and information systems to prepare for HCFA's 1999 implementation of APGs for Medicare. The...

...sufficient claims experience will want to develop their own APG weights and payment rates, Rossiter **advises**. Other plans can use the HCFA weights and set their payment rates as a percent...

21/3,K/3 (Item 3 from file: 636)
DIALOG(R)File 636:Gale Group Newsletter DB(TM)
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02956665 Supplier Number: 46018085 (USE FORMAT 7 FOR FULLTEXT)
Hospitals Face Uphill Battle Fighting False Claims, Given Feds' New Strategy

Healthcare Business & Legal Strategies, v4, n24, pN/A
Dec 20, 1995
Language: English Record Type: Fulltext
Document Type: Magazine/Journal; Trade
Word Count: 546

(USE FORMAT 7 FOR FULLTEXT)

TEXT:

...to investigations because they are tired of what they say is hospitals' disregard for past **warnings** of improper **billing**. "Hospitals are now being held responsible for their history of dealing with problems, as well ...

...says James Bickett, as assistant U.S. Attorney in Ohio. "If there was past conduct [**highlighted**] in an audit or settlement, the hospital not only knew about it, but acknowledged it...

...s the strategy, I'd make immediate changes" to your audit procedures and compliance plan, **advises** Murray Marsh Jr., chief financial officer of Woman's Christian Assn. Hospital in Jamestown, N.Y. What his hospital does: * Looks for **changes** in volume by **CPT** code. Whenever volume goes up or down 5%, "we **tag** it for a look-see" by calling the department that ordered the procedure or test...

...outside gun" to do an audit if upcoding or overbilling is suspected. * Asks the outside **billing** maximization experts to also scrutinize current **billing**. The goal: "Help us validate that our **coding** practices are legal and ethical," Marsh says. The experts are told to "point out [to...

21/3,K/9 (Item 2 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2005 The Gale Group. All rts. reserv.

03063067 Supplier Number: 44169362 (USE FORMAT 7 FOR FULLTEXT)

There's more to managing workers comp care than using network

Business Insurance, p3

Oct 18, 1993

Language: English Record Type: Fulltext

Document Type: Magazine/Journal; Tabloid; Trade

Word Count: 1265

... business who will take advantage of this arrangement by increasing utilization' or by unbundling or **changing billing codes** in order to get more money, said Steve White, general manager and vp of workers comp services for Wellpoint Life **Insurance** Co., a for-profit subsidiary of Blue Cross of California.

Most managed care arrangements in...

21/3,K/14 (Item 1 from file: 674)
DIALOG(R)File 674:Computer News Fulltext
(c) 2005 IDG Communications. All rts. reserv.

052750

Incomes outcomes

Computerworld Healthcare Journal

The medical community - including providers, insurers and patients - is turning to distributed computing to track the quality and cost of care, in many cases, using data it already gathers

Byline: Sharon Watson

Journal: Computerworld Page Number: H8

Publication Date: June 01, 1996

Word Count: 2460 Line Count: 238

Text:

H8

Imagine if you or your **insurance** company had to pay your medical bills only when your treatment results met national clinical...

... managed care plans it contracts with to encourage their hospitals to enroll in JCAHO's **Indicator** Measurement System (IMSystem), said Deborah Nadzam, director of **indicator** measurement at JCAHO. Also, increasing numbers of healthcare purchasers are asking plans and providers for...

... patient-centered," derived from patient-supplied information about how they feel and function. The 42 **indicators** in JCAHO's IMSystem are oriented to clinical quality based on a hospital's aggregate...

... the National Committee for Quality Assurance, a managed care industry association, measures some clinical quality **indicators** but focuses much more on **HMO** plan members' access to care. An equally pressing issue is how much does all this...

... open heart surgery to asthma treatments. This information can be found in the Medicare and **insurance** claims providers generate for their own reimbursement, such as the Universal **Billing** Form 1992. On hospital claims, clinical data is coded according to the International Classification of Diseases, 9th Revision, Clinical Modification, known as **ICD -9-CM**. This data may be found in paper-based or computerized patient **records**. Proponents of using claims data for outcomes research argue that with about 14,000 diagnosis and 4,000 procedure codes, **ICD -9-CM**-encoded claims offer a wealth of information about clinical quality. "You need to ...

... Mass., office. But critics say claims-derived clinical quality data tends to be inaccurate. "Claims **coding** only has to be 'sort of, kind of' accurate since it's primarily used for **billing**. That's not sufficient for an outcomes study," said Dr. Simon Cohn, clinical information systems...

... at Kaiser Permanente Health Plan, Inc. in Oakland, Calif. Cohn said errors arise because chart **coding** is still done manually in some institutions, and coders may select an inappropriate code. For example, during beta testing of its IMSystem, JCAHO **recorded** unusually high occurrences of "infant skeletal injury" among providers. On further investigation, it discovered providers were using one **ICD -9-CM** code to denote both skeletal injury and cephalic molding - the shaping that can...

... quality management system from MIDS, Inc. in Tucson, Ariz. Also, once a day, encoded medical **records** from a PC-based automated **coding** application, Codemaster, are uploaded to the Midas system via a proprietary batch interface over a Novell, Inc. NetWare 3.2-based LAN. Once there, a Midas application constantly checks incoming **records** for IMSystem eligibility, loads them into the IMSystem module when appropriate, then extracts IMSystem **indicator** data, said Kathy McWard, QMI IS coordinator at Northwest Community Hospital. Once a month, Northwest Community uploads

data from the IMSystem module via modem to JCAHO's national outcomes **database**, which was built and is managed by Computer Sciences Corp. (CSC) in San Diego. A filter on the IBM DB2 **database**, running on a Hitachi Data Systems Corp. EX100 mainframe, reviews the data format and completeness...

... the comparative reports. Northwest Community has adjusted a few internal processes to collect more accurate ICD -9-CM codes after investigating variances between it and similar institutions. That notion of comparison...

... A. Kaiser, chairman and chief executive officer at Medirisk, Inc. in Atlanta, which maintains national **databases** on physician credentials, costs and clinical outcomes. Instruments such as the Health Status Questionnaire for...

... systems for the clinic. With information on about 1,500 cataract patients in the outcomes **database**, physicians were shown all the variations in surgical procedures and resulting outcome differences, including complication rates. Cost information from two separate **billing** systems - one IBM AS/400-based, the other on an IBM mainframe - also was broken...

... collect the necessary data as painlessly as possible, Brose and several colleagues settled on using **wireless**, **handheld** computers running software they developed through Digital Medical Systems, Inc., a company they formed to...

... physician calls "lumbago" another may call "lower back pain." The vocabulary table linkage ensures both **records** appear in any outcomes study, yet it supports individual physicians' customized terms. The logical outcome...

... was to create a data warehouse to support a new financial system, a computerized patient **record** and outcomes data collection, said Lee Carter, vice president and chief information officer at Dean...

... be designed for clinical data and real-time transaction processing to support the planned patient **record** at as many as 40 networked locations. The other, likely to be object-oriented, will...

... and population studies. One of Dean's objectives is to proactively survey the population its **HMO** serves using the Health Status ...Systems Corp. in Plano, Texas. He said he expects to see more object-oriented, multidimensional **databases** used for outcomes. But some analysts think providers - and vendors - may be putting too much...

... at KPMG Peat Marwick in White Plains, N.Y., of the current fascination with multidimensional **databases**. Regardless of **database** structure, vendors and analysts emphasized the need for fluid data models, noting that medicine is...

... outcomes measures. "Process and automation go hand-in-hand," Hampton said. "Just having a great **database** or automating outcomes measurement won't solve everything. Providers may have to change internally based..."

Set	Items	Description
S1	72232	DRG OR DIAGNOSIS()RELATED()GROUP? OR (REIMBURSEMENT OR MEDICAL OR BILLING OR INSURANCE) (N) (CODES OR CODING) OR NDC OR HCPCJ OR HIPAA OR CPT OR NCPCS OR ICD OR PROCEDURAL()TERMINOLOGY() (CODES OR CODING)
S2	1099401	FLAG OR FLAGS OR TAG OR TAGS OR ALERT? OR WARN? OR ADVISE? OR HIGHLIGHT? OR INDICATOR?
S3	3055	S1(3N) (CHANGE? OR CHANGING OR REVIS? OR UPDAT? OR UP() (DATE? OR DATING) OR MODIFIED OR EVOLVED OR VERSION? OR REWRIT?)
S4	1747538	WIRELESS OR HANDHELD OR PALMTOP? OR CELLULAR? OR MOBILE? OR PDA OR PERSONAL()DIGITAL()ASSISTANT OR PALMTOP OR HAND()HELD
S5	2477	S1 AND S2
S6	1750561	S3 OR S4
S7	237	S5 AND S6
S8	3	S2 AND S3 AND S4
S9	118	S7 AND (RECORD? OR FILE? OR INSURANC? OR BILLING? OR INDEX? OR CODING OR CATEGOR? OR ASSURANC? OR HMO OR PPO)
S10	179	S2 AND S3
S11	107	S10 AND (RECORD? OR FILE? OR INSURANC? OR DATABASE? OR DB - OR DATABANK? OR DATA()BASE? OR INDEX? OR BILLING? OR CODING OR CATEGOR? OR ASSURANC? OR HMO OR PPO)
S12	124	S11 OR S9 OR S8
S13	31	S12 NOT PY=1998:2005
S14	21	RD (unique items)
File	8: Ei Compendex(R) 1970-2005/May W1	(c) 2005 Elsevier Eng. Info. Inc.
File	35: Dissertation Abs Online 1861-2005/Apr	(c) 2005 ProQuest Info&Learning
File	65: Inside Conferences 1993-2005/May W2	(c) 2005 BLDSC all rts. reserv.
File	2: INSPEC 1969-2005/Apr W4	(c) 2005 Institution of Electrical Engineers
File	111: TGG Natl. Newspaper Index(SM) 1979-2005/May 06	(c) 2005 The Gale Group
File	144: Pascal 1973-2005/May W1	(c) 2005 INIST/CNRS
File	34: SciSearch(R) Cited Ref Sci 1990-2005/May W1	(c) 2005 Inst for Sci Info
File	99: Wilson Appl. Sci & Tech Abs 1983-2005/Apr	(c) 2005 The HW Wilson Co.
File	73: EMBASE 1974-2005/May W1	(c) 2005 Elsevier Science B.V.
File	154: MEDLINE(R) 1990-2005/May W1	(c) format only 2005 The Dialog Corp.
File	162: Global Health 1983-2005/Mar	(c) 2005 CAB International
File	467: ExtraMED(tm) 2000/Dec	(c) 2001 Informania Ltd.
File	169: Insurance Periodicals 1984-1999/Nov 15	(c) 1999 NILS Publishing Co.

Set	Items	Description
S1	1208	DRG OR DIAGNOSIS()RELATED()GROUP? OR (REIMBURSEMENT OR MEDICAL OR BILLING OR INSURANCE) (N) (CODES OR CODING) OR NDC OR HCPCJ OR HIPAA OR CPT OR NCPCS OR ICD OR PROCEDURAL()TERMINOLOGY() (CODES OR CODING)
S2	305528	FLAG OR FLAGS OR TAG OR TAGS OR ALERT? OR WARN? OR ADVISE? OR HIGHLIGHT? OR INDICATOR?
S3	10	S1(3N) (CHANGE? OR CHANGING OR REVIS? OR UPDAT? OR UP() (DATE? OR DATING) OR MODIFIED OR EVOLVED OR VERSION? OR REWRIT?)
S4	401731	WIRELESS OR HANDHELD OR PALMTOP? OR CELLULAR? OR MOBILE? OR PDA OR PERSONAL()DIGITAL()ASSISTANT OR PALMTOP OR HAND()HELD
S5	39	S1 AND S2
S6	401738	S3 OR S4
S7	9	S5 AND S6
S8	48	S3 OR S5 OR S7
S9	48	IDPAT (sorted in duplicate/non-duplicate order)
S10	48	IDPAT (primary/non-duplicate records only)

File 347:JAPIO Nov 1976-2005/Jan(Updated 050506)
(c) 2005 JPO & JAPIO

File 350:Derwent WPIX 1963-2005/UD,UM &UP=200529
(c) 2005 Thomson Derwent

Results of Search Performed July 20, 2001

U.S. Classification Search: Searched Class 705, subclasses 1, 2, 3, 4. The most relevant references were U.S. Patents 5,867,821 and 5,845,255.

U.S. Text Search: On EAST, searched the terms "PDA and (billing adj code\$) with no relevant hits. Searched term "PDA and billing and code and alarm" with no relevant hits. Searched "705/\$.ccls. and PDA and billing" which hit U.S. Patent 5,867,821, already cited above. "Searched 705/\$.ccls. and PDA and medical" and hit U.S. Patent 5,845,255 already cited above.

Foreign Text Search: Repeated above strategy with Derwent, EPO, JPO, IBM TDB, and USPGPUB databases with no relevant hits.

Non-Patent Literature: Searched Proquest from 1986-present with terms "PDA and billing and code" with no relevant hits.